

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/550008**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17			/			
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36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			3			
TOTAL DEP.			43			
TOTAL CLAIMS			46			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59					/	
60					/	
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89					/	
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91					/	
92					/	
93					/	
94					/	
95					/	
96					/	
97					/	
98					/	
99					/	
100					/	
TOTAL IND.			0			
TOTAL DEP.			18			
TOTAL CLAIMS			18			